

Coverage Options for Survivors of Domestic Violence

The Affordable Care Act (ACA) acknowledges the importance of providing support to individuals and families who have experienced domestic violence or spousal abandonment. Domestic, dating and sexual violence have serious implications on a person's health and makes having health coverage even more important. Provisions in the ACA promote prevention and help survivors know that health care is accessible, affordable, and that they do not have to rely on an abuser to get health coverage.

Below are answers to a few common questions for survivors of domestic violence and their families to help them enroll in health coverage.

Am I eligible for health coverage on the Marketplace outside Open Enrollment?

Yes. Survivors of domestic violence/abuse or spousal abandonment are now eligible for a Special Enrollment Period (SEP) so that they may enroll in a qualified health plan (QHP) through the Marketplace. If eligible, advanced payments of the premium tax credit (APTC) and cost-sharing reductions (CSRs) can be applied. In order to activate the SEP, eligible consumers should call the Marketplace Call Center at 1-800-318-2596 to explain that they want to access a Special Enrollment Period. Upon qualification for the SEP, consumers will have 60 days to select and enroll in a QHP. They will receive regular, prospective coverage on the timeline following the 15th of the month rule.

How should survivors of domestic violence apply for health coverage?

A married person who is unable to file a joint tax return because of domestic violence or spousal abandonment can apply independently on the Marketplace. Though a person who is legally married is usually required to file a joint federal income tax return with his or her spouse to get financial help on the Marketplace, situations of domestic violence or spousal abandonment may make this unsafe or impossible. People in this situation should indicate on their Marketplace application that they are unmarried so they can access financial help.

Who can apply as “unmarried”?

A person who chooses to apply as “unmarried” may be experiencing physical, psychological, sexual or emotional abuse. Depending on the situation, abuse of the individual’s child or another family member living in the household may also be considered abuse of the individual. Some people may also apply as “unmarried” if they are a victim of spousal abandonment for a taxable year because they are unable to locate their spouse after reasonable diligence when taking into account all facts and circumstances. (Other members of the household, such as dependents, may also qualify for the Special Enrollment Period.)

Is financial help available to lower the cost of health coverage?

Yes. Though consumers are usually ineligible for APTC towards Marketplace coverage because they are married and not filing a joint tax return with their spouse, there is relief for consumers in special circumstances, which include survivors of domestic violence and spousal abandonment. More information can be found on the Instructions for Form 8962 Premium Tax Credit (PTC) on IRS.gov. Financial help is also available to help pay for coverage from some of the top insurance companies in the state. Medicaid, Moms & Babies and All Kids provide coverage at little to no cost as well.

Are there exemptions from the penalty available for survivors of domestic violence who do not have health coverage?

Yes. Survivors of domestic violence may qualify for a hardship exemption, which means the person does not have to pay the penalty for not having coverage due to circumstances that affect their ability to buy insurance. The hardship exemption application and more information can be found at <https://www.healthcare.gov/exemptions-tool/#/results/2015/details/domestic-violence>.

What if my status changes?

If your situation changes, such as a change in income, residency, family size or marital status, you should report the change to the Marketplace and your insurer. Additionally, you should report any gains or losses of minimum essential coverage during or outside the Open Enrollment Period to the Marketplace to make sure you are getting the right amount of financial help.

What kind of health benefits are offered with Marketplace plans?

All plans on the Marketplace include essential health benefits that cover things like visiting the doctor, emergency care, preventive services and more. These comprehensive benefits are similar



to small employer plans and are available from the top insurance companies in the state. Medicaid, Moms & Babies and All Kids also cover similar services as private insurance plans offered on the Marketplace.

Are there specific health benefits and health care services for women?

Yes. The following preventive services are now offered through all plans on the Marketplace with no out-of-pocket costs:

- **Domestic and interpersonal violence screenings and counseling** are available to all women.
- **Breast cancer screenings**, like mammography screenings, are offered every one to two years for women over the age of 40. Breast Cancer Genetic Test Counseling (BRCA) and Breast Cancer Chemoprevention counseling are also available for women at higher risk.
- **Cervical cancer screenings and prevention**, such as a Pap tests and Human Papillomavirus (HPV). DNA testing is available for many women.
- **Sexually Transmitted Infection and Disease (STI and STD) screenings** for most STIs and STDs, including HIV, as well as counseling with a trained professional are available with no out-of-pocket costs.
- **Contraception and counseling about birth control** are now being provided by all Marketplace plans with no cost sharing.
- **Well-woman visits, or checkups for women**, are available annually. Well-woman visits focus on preventive care and include many services like shots and health screenings.

